



EMPLOYMENT APPLICATION

--

POSITION APPLIED FOR (required): _____

JOBSITE where job is located: _____ **HOW** you learned about position: Work for Warriors

PRIDE Industries is an equal opportunity employer. Your race, color, religion, national origin, ancestry, physical or mental disability, veteran status, sexual orientation, sex, or age are not considered in reviewing your application.

PERSONAL

LAST NAME		FIRST	MIDDLE	TODAY'S DATE	
HOME NUMBER ()		WORK NUMBER ()		MESSAGE NUMBER ()	
CURRENT ADDRESS	STREET	CITY	STATE	ZIP	
MAILING ADDRESS (if different)		STREET/ BOX	CITY	STATE	ZIP
EMAIL ADDRESS:					
I AM WILLING TO WORK <input type="checkbox"/> -Days <input type="checkbox"/> -Eves <input type="checkbox"/> -Weekends <input type="checkbox"/> -After midnight <input type="checkbox"/> -Full-time <input type="checkbox"/> -Part-time <input type="checkbox"/> -Temporary <input type="checkbox"/> -On Call					
I AM <u>NOT</u> ABLE TO WORK THE FOLLOWING HOURS OR DAYS:				THE DATE I AM AVAILABLE FOR WORK:	
If hired, can you furnish proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Per the Immigration Reform and Control Act of 1986, we require proof of employment eligibility & identification within the first 3 days of employment. All applicants should note that PRIDE is an E-Verify employer. Please read the notice provided.</i>					
Do you have relatives working for PRIDE Industries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list them:					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer so individual circumstances can be considered.</i>					
OFFENSE		DATE	DISPOSITION		

EDUCATION & SKILLS

EDUCATION LEVEL (check one) :

- ☐ some high school ☐ vocational program ☐ some college ☐ some graduate work
☐ high school or equivalence ☐ junior college graduate ☐ college graduate ☐ graduate degree

Can you furnish a high school diploma, G.E.D. or High School Proficiency Certificate? ☐ Yes ☐ No

If you have a college degree or degrees, please supply (add sheets if needed) :

Name and address of college/university		Major	Degree	Date
LANGUAGE	SPEAK	READ	WRITE	
English	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	
Spanish	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	
Other	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	
ASL	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	<input type="checkbox"/> fluent <input type="checkbox"/> adequate <input type="checkbox"/> some	

LICENSE/CERTIFICATION (add sheets if needed):

Expiration Date: / /

EXPERIENCE

Complete for all jobs of past 10 years beginning with the most recent job. (Add sheets if needed).

LIST LAST EMPLOYER FIRST	TITLE AND DUTIES	RATE OF PAY
EMPLOYER	TITLE	START \$ _____ per
EMPLOYER STREET ADDRESS	DUTIES Avg. hours/week 	LAST \$ _____ per
CITY, STATE, ZIP		REASON FOR LEAVING
SUPERVISOR		
TELEPHONE		
EMPLOYED FROM / / TO / /		
EMPLOYER	TITLE	START \$ _____ per
EMPLOYER STREET ADDRESS	DUTIES Avg. hours/week 	LAST \$ _____ per
CITY, STATE, ZIP		REASON FOR LEAVING
SUPERVISOR		
TELEPHONE		
EMPLOYED FROM / / TO / /		
EMPLOYER	TITLE	START \$ _____ per
EMPLOYER STREET ADDRESS	DUTIES Avg. hours/week 	LAST \$ _____ per
CITY, STATE, ZIP		REASON FOR LEAVING
SUPERVISOR		
TELEPHONE		
EMPLOYED FROM / / TO / /		
EMPLOYER	TITLE	START \$ _____ per
EMPLOYER STREET ADDRESS	DUTIES Avg. hours/week 	LAST \$ _____ per
CITY, STATE, ZIP		REASON FOR LEAVING
SUPERVISOR		
TELEPHONE		
EMPLOYED FROM / / TO / /		

If you are employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you, with reasonable accommodation if needed, perform the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for PRIDE before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you leave? / /
If you worked under another name, please list it.	

I understand and agree that falsification, misrepresentation or omission of facts will result in immediate termination or removal of my application from consideration. I authorize PRIDE Industries to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability. I understand that offers of employment are contingent upon successfully passing an alcohol, drug and criminal history screening. In addition, all applicants for positions requiring driver's licenses must have good driving records. I further understand that offers of employment for certain positions are contingent upon successfully passing a post-offer medical examination. I also understand that my employment is "at will" and that PRIDE Industries or I may terminate the relationship at any time with or without cause or notice. My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Signature: _____ Date: _____

SELF-IDENTIFICATION

As a federal contractor, PRIDE Industries is required to gather and maintain certain information about our applicants. We would appreciate your assistance in complying with federal government reporting requirements by completing this form. This form will be maintained separately from your application. The information collected will be kept confidential and will be used only for data reporting purposes. If you choose not to provide this information, your employment status will not be affected. Thank you for your assistance.

Name: _____ **Date:** _____ **Position applied for:** _____

Job site where position is located: _____ **How you learned of position:** _____

GENDER (*Circle the choice that applies to you*): **Female** **Male**

RACE AND ETHNICITY:

Please indicate whether you identify yourself as Hispanic or Latino. If you so identify, you should stop at that point.

- A. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

If you do not identify as Hispanic or Latino, then circle the appropriate race/ethnicity with which you do identify. If you identify with two or more races, please circle the "two or more races" response.

- B. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- C. **Black or African American:** A person having origins in any of the black racial groups of Africa.
- D. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- E. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- F. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America, South or Central America and who maintains tribal affiliation or community recognition.
- G. **Two or More Races:** A person who identifies with more than one of the above five racial-ethnic groups. If you circle this item, please indicate the single racial/ethnic group above with which you most closely identify:

PRIDE INDUSTRIES IS AN E-VERIFY EMPLOYER

~ Please read this information ~

To All Applicants:

Federal law requires all employers verify the identity and employment eligibility of all persons hired to work in the United States. PRIDE Industries is an E-Verify Employer and will provide the Social Security Administration (SSA), and if necessary, the Department of Homeland Security (DHS), with information from each new employee's I-9 form to confirm work authorization. If the US government cannot confirm that you are authorized to work, PRIDE is required to provide you with written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment. PRIDE will not use E-Verify to pre-screen applicants or re-verify current employees and will not limit or influence the choice of documents presented for use on the I-9 form. PRIDE uses E-Verify photo screening, on some permanent resident and employment authorization cards with the official US Citizenship & Immigration Services' photograph, to determine if an I-9 is valid. If you believe PRIDE has violated its responsibilities under the E-Verify program, call the Office of Special Counsel at 800-255-7688 (TDD 800-237-2515).

If you have a legal right to work in the United States, don't let anyone take it away. There are laws to protect you against discrimination in the workplace. You should know that – No employer can deny you a job or fire you because of your national origin. Unless mandated by law or government contract, employers cannot require you to be a US Citizen or permanent resident or refuse any legally acceptable documents. If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in any language. Call 1-800-237-7688. TDD for the hearing impaired is 1-800-237-2515. In the Washington, DC, area, please call 202-616-5594, TDD 202-616-5525. Or write to: US Dept. of Justice, Office of Special Counsel-NYA, 950 Pennsylvania Ave NW, Wash. DC, 20530.